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<u>FROM:</u> Pam Turnbough for Patrea L. Pabst	404-817-8473	8
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)

<u>FOR THE RECORD:</u>	DATE: March 1, 2004	URGENCY: <input type="checkbox"/> SUPER RUSH	<input checked="" type="checkbox"/> RUSH	<input type="checkbox"/> REGULAR
FAXED BY:	FILE #: 081161/00007	CLIENT NAME: KAP 100 CIP		

CONFIRMED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME:	TIME:
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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Edward J. Kaplan
 Serial No.: 10/665,793 Group Art Unit: 1616
 Filed: September 19, 2003 Examiner:
 For: FLEXIBLE AND/OR ELASTIC BRACHYTHERAPY SEED OR STRAND

REQUEST FOR CORRECTED FILING RECEIPT

1739487_v1

PTO/SB/21 (08-03)

Approved for use through 07/31/2006 OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/665,793
Total Number of Pages in This Submission 7	Filing Date September 19, 2003	
	First Named Inventor Edward J. Kaplan	
	Art Unit 1616	
	Examiner Name	
	Attorney Docket Number KAP 100 CIP	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Filing Receipt with marked-up copy of Filing Receipt showing requested corrections; copy of Supplemental Application Data Sheet filed on December 31, 2003
Certificate of Transmission is to: (703) 746-9195		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Patreo L. Pabst, Esq., Reg. No. 31,284 Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.; Atlanta, GA 30309-3400	Holland & Knight LLP
Signature		
Date	March 1, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Pam Turnbough	
Signature		Date March 1, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Edward J. Kaplan

Serial No.: 10/665,793 Group Art Unit: 1616

Filed: September 19, 2003 Examiner:

For: **FLEXIBLE AND/OR ELASTIC BRACHYTHERAPY SEED OR STRAND**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant respectfully requests correction to the official Filing Receipt mailed February 12, 2004, to correct the following errors.

The name shown under "Assignment For Published Patent Application" is incorrect. The correct name is: "**Microspherix LLC**"; not "**Microspherix LLP**".

In the second line below the heading "Domestic Priority data as claimed by applicant", the serial number is incorrect. The correct serial number is: "**09/861,326**"; not "**09/861,236**".

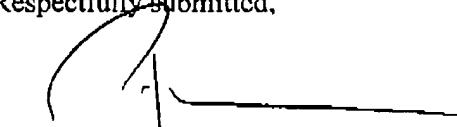
KAP 300 CIP
081161/00007

U.S.S.N: 10/665 793
Filed: September 19, 2003
Request for Corrected Filing Receipt

A copy of the Filing Receipt with this change noted thereon is enclosed, together with a copy of the Supplemental Application Data Sheet filed on December 31, 2003 showing the correct information.

No fees are due in connection with this Request For Corrected Filing Receipt. However, should any fee be deemed due, the Commissioner is hereby authorized to charge such fee, or credit any overpayment in connection with this matter, to Deposit Account No. 50-1868.

Respectfully submitted,



Patrea L. Pabst
Reg. No. 31,284

Date: March 1, 2004

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APPL NO.	FILING QR 371 (c) DATE	ART UNIT	FIL FEE RECD	ATTY DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/665,793	09/19/2003	1616	494	KAP 100 CIP	6	26	3

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 PATREA L. PABST
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CONFIRMATION NO. 6738
UPDATED FILING RECEIPT

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Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Edward J. Kaplan, Boca Raton, FL;

Assignment For Published Patent ApplicationMicrospherix ~~LLC~~, LLC;**Domestic Priority data as claimed by applicant**

This appln claims benefit of 60/412,050 09/19/2002
 and is a CIP of 60/861,236 05/18/2001 09/861,326 05/18/2001
 which claims benefit of 60/249,128 11/16/2000
 This application 10/665,793
 is a CIP of 09/861,196 05/18/2001 PAT 6,514,193
 which claims benefit of 60/249,128 11/16/2000

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PATENT DEPT.

Foreign Applications

If Required, Foreign Filing License Granted: 12/10/2003

Projected Publication Date: 05/20/2004

Non-Publication Request: No

Early Publication Request: No

Docketed for _____
 By: *[Signature]* _____

**** SMALL ENTITY ******Title**

Flexible and/or elastic brachytherapy seed or strand

Preliminary Class

424

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